PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ct of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numbe Complete if Known live on 12/08/2004. idated Appropriations Act, 2005 (H.R. 4818). 10/717,868 Application Number **TRANSMITTA**I Filing Date 11/19/2003 For FY 2005 Ingo KONETZKI First Named Inventor SEAMAN, D Margaret M **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1625 (\$)1020.00TOTAL AMOUNT OF PAYMENT Attorney Docket No. 1/1428 METHOD OF PAYMENT (check all that apply) Check | Credit Card None Money Order Other (please identify): Deposit Account Name: Boehringer Ingelheim Corporation Deposit Account Deposit Account Number: 02-2955 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 250 100 Design 200 100 100 50 130 65 Plant 200 300 160 80 100 150 300 600 300 500 Reissue 150 250 Provisional 200 100 O n 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 180 Multiple dependent claims Multiple Dependent Claims **Total Claims Extra Claims** x 50.00 Fee Paid (\$) 20 or HP = Fee (\$) 360.00 HP = highest number of total claims paid for, if greater than 20 Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Fee Paid (\$) **Total Sheets** (round up to a whole number) x 250.00 - 100 =

SUBMITTED BY			
Signature	alfray	Registration No. 54,859 (Attorney/Agent)	Telephone 203-798-4816
Name (Print/Type)	Andrea D. Small		Date November 22, 2005

Non-English Specification, \$130 fee (no small entity discount)

Other: Three Month Extension of Time Fee

4. OTHER FEE(S)

Fees Paid (\$)

1020.00

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